SER

BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Public Health Laboratory

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Serology Screening Requisition

SER LM LABS

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER
(or out-of province Health Number and province)

PATIENT SURNAME

PATIENT FIRST AND MIDDLE NAME

DOB
(DD/MMM/YYYY)

SEX
M ☐ F ☐ X ☐ U (Unk) ☐

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

ORDERING PRACTITIONER
Name and MSC#

Address of report delivery

☐ **I do not require a copy of the report** ☐ **I am a Locum**†
†If Locum, include name of Practitioner you are covering for

ADDITIONAL COPIES TO PRACTITIONER / CLINIC:
(Name, Address / MSC#/ PHSA Client#) **(Limit of 3 copies available)**
1.
2.
3.

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED
(DD/MMM/YYYY)

TIME COLLECTED
(HH:MM)

Section 2 - Clinical Information

Reason for Test

☐ **NEEDLESTICK**
☐ Outbreak/Cluster/Event
☐ Prenatal
☐ Other, specify: .....
.....

Clinical Information

☐ Rash symptoms ☐ STI contact ☐ STI symptoms

Recent Travel History (Date/Location)

Onset Date (DD/MMM/YYYY)

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING
(PRENAT)

HIV	☐ HIVCC
HIV Non-Nominal Reporting	☐ HIVCC
HBsAg	☐ HBVP
Rubella IgG	☐ RUBEB
Syphilis Antibody (1st Trimester)	☐ TPE

Other Tests, specify:
.....
.....

PERINATAL SYPHILIS

Perinatal (>35 weeks/at delivery)	☐ PDSYP

SYPHILIS ANTIBODY

Routine (Non Prenatal)	☐ TPE

HIV (Non Prenatal)

HIV	☐ HIVCC

Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting

Non-Nominal Reporting Requested	☐ HIVCC

HEPATITIS SEROLOGY
(Serum)

Acute - undefined etiology HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM	☐ HEPSB
Chronic - undefined etiology HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV	☐ DHEPCH
Hepatitis B Screen Panel HBsAg, Anti-HBs, Anti-HBc Total	☐ HBSAG
Anti-hepatitis A Total (Immune Status)	☐ HAAT
Anti-hepatitis A IgM (Acute Infection)	☐ HAVMB
HBsAg Only	☐ HBVSA
Anti-HBs (Immune Status)	☐ HBSAB
HBeAg (Therapeutic Monitoring)	☐ HBXEA
Anti-HBe (Therapeutic Monitoring)	☐ HBXEB
Anti-HCV	☐ HEPCB

HEPATITIS C PCR
(EDTA Plasma)

HCV RNA Quantitative (For diagnosis and monitoring)	☐ HPCRBB
HCV Genotyping (For treatment)	☐ HEPCRB

OTHER SEROLOGY

Immunity		Acute	
CMV IgG	☐ CMVIGB	CMV IgM	☐ CMVSP
EBV IgG	☐ EBGSB	EBV IgM	☐ EBVSP
Measles IgG (Rubeola)	☐ MIGB	Measles IgM (Rubeola)	☐ MEASP
Mumps IgG	☐ MUIGB	Mumps IgM	☐ MUMPS
Parvo B19 IgG	☐ PARVGB	Parvo B19 IgM	☐ PARVP
Rubella IgG	☐ RUBEB	Rubella IgM	☐ RUBP
Toxo IgG	☐ TOXGSB	Toxo IgM	☐ TOXMSB
Varicella IgG	☐ VZIGB		
H. pylori IgG	☐ HELIB	HSV Type Specific IgG	☐ HSVTSS
HTLV I / II	☐ HTLVB		

OTHER TESTS (Specify)

For other available tests and sample collection information, consult the Public Health Laboratory's *eLab Handbook* at www.elabhandbook.info/PHSA/Default.aspx

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

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1 - Patient/Provider Information

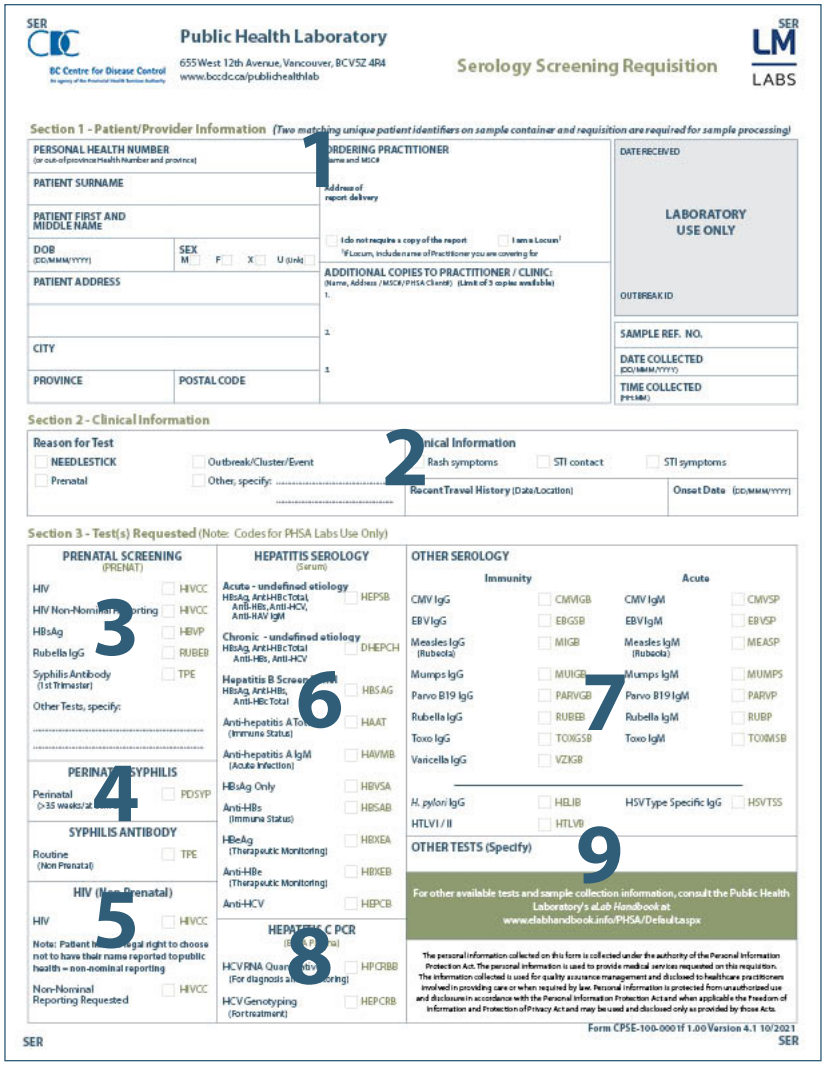
For physicians who work at more than one location, please provide an address for delivery.

- Additional Copies To

The Ordering Physician will receive one copy of the report. Each physician or client listed under Additional Copies To: will receive a copy of the report.

2 - Clinical Information

Please fill in as completely as possible.



3 - Prenatal Testing*

-If nominal HIV testing, please provide 2 serum separator tubes.
-If non-nominal HIV testing, please provide 3 serum separator tubes.

4 - Perinatal Testing (Syphilis only)

-Please provide 1 serum separator tube.

5 - HIV Testing*

-If nominal HIV testing, please provide 1 serum separator tube.
-If non-nominal HIV testing, please provide 2 serum separator tubes.

6 - Hepatitis Serology Testing

-Please provide 1 serum separator tube.

7 - Combinations of Syphilis, nominal HIV, Hepatitis Serology and Other Serology

-Please provide 1 serum separator tube.
-If non-nominal reporting for HIV* is requested, please provide an additional serum separator tube (2 tubes in total).

8 - Hepatitis C PCR Testing

- For HCV RNA and HCV genotyping requests, please provide 1 EDTA plasma (lavender-top) tube.

9 - Other Tests

-Indicate all additional tests requested. Please consult the PHSA Laboratories eLab Handbook for specimen requirements.

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*Note for HIV patient has the legal right to choose not to have their name reported to public health.